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Form 8 8-09-5m.
 If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information
 Incorrect certificates will be returned for correction.

Form 8 8-09-5m.

PLACE OF DEATH

County of Coconino

District of Paradise

Town of Paradise

or

City of _____

(If death occurs away from USUAL (No. _____ St., _____ Ward.) (If death occurred in a Hos-
 pital or Institution, give its NAME
 under "Special information.") instead of street and number.)

FULL NAME Juana Grijalva

County Registered No. _____

Arizona Territorial Board of Health
 BUREAU OF VITAL STATISTICS 341
 ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 852

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
|--|--|--|--|
| LENGTH OF RESIDENCE At Place of Death <u>10</u> yrs. mos. In Arizona _____ yrs. mos. | | DATE OF DEATH <u>12/22</u> 19 <u>15</u> (month) (day) (year) | |
| SEX <u>Female</u> COLOR OR RACE <u>White</u> <u>Black</u> <u>Chinese</u> <u>Indian</u> <u>Mexican</u> | | I hereby certify, That I attended deceased from _____ 19__ to _____ 19__ | |
| DATE OF BIRTH <u>June</u> 18 <u>77</u> (month) (day) (year) | | that I last saw h_____ alive on _____ 19__ | |
| AGE _____ years _____ months _____ days | | and that death occurred on the date stated above at _____ M The DISEASE or INJURY causing DEATH was as follows; <u>Child birth</u> | |
| SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> | | Where contracted _____ Duration _____ | |
| BIRTHPLACE <u>Chihuahua</u> (State or foreign country) <u>Mexico</u> | | Contributing cause (if any) _____ | |
| OCCUPATION <u>Housewife</u> | | Where contracted _____ Duration _____ | |
| NAME OF FATHER <u>Antonio Campos</u> | | (Signed) _____ M.D. _____ | |
| BIRTHPLACE OF FATHER _____ | | _____ 19__ Address _____ | |
| MAIDEN NAME OF MOTHER _____ | | SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. | |
| BIRTHPLACE OF MOTHER _____ | | Former or Usual residence _____ How long at _____ Place of Death _____ Days | |
| THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | Place of burial or removal <u>Paradise Ariz</u> Date of burial or removal <u>Dec 23</u> 19 <u>15</u> | |
| Informant <u>José Grijalva</u> | | Undertaker _____ Address _____ | |
| (Address) <u>Paradise Ariz</u> | | Filed <u>12/23</u> 19 <u>15</u> <u>W. H. Hancock</u> Filed <u>12-8</u> 19 <u>16</u> <u>Colson</u> County Register. | |